

New Volunteer Check-In List Veterans Health Care System of the Ozarks

Name:		
Why do you want to volunteer?		
2. How long do you plan to volunteer?		
3. Can you come at least once a week consistently? _		
4. Will you have class/schedule conflicts?		
5. What's your major and what year are you?		
FOR OFFICE US	E ONLY	
Required Items	Date Requested	Date Completed
New Volunteer Orientation		
Statement of Commitment		
Fingerprints & ID Badge 1ST TB Skin Test or chest x-ray		
TB Skin Test or chest x-ray		
2 ND TB Skin Test or chest x-ray Perking Sticker (Favetteville Only)		,
raiking Sticker (Payettevine Only)		
Load Edit in VistA PIV		
Computer Access Forms (as required)		+
Job Description/Competencies required for:		
Computer Access Specialty Clinic		
Emergency Department Escort		
Pharmacy NVDA	'	
Vital Signs Ward 2A/2B Assistants		
Concierge/Concierge Escort Physical Therapy		
MRI Employee Health		
Outpatient Surgery		
DAV Van Drivers:		
Physical		
Copy of Insurance Card, DL & Safe Driving Certificate		
Government Motor Vehicle Use MCM 138-5		
Orientation to DAV Vans (completed form)		
Fleet Card and Trip Ticket Training		

Day/Time:___

Assignment:



Application for Voluntary Service Veterans Health Care System of the Ozarks Fayetteville, Arkansas

The information requested on this form is solicited under the authority of Title 38, United States Code, Section 213 and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. It will not be used for any other purpose. Disclosure is voluntary. However, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs.

	PLEASE PRINT Date	<u>:</u>
Name: First	Full Middle	Last
Maiden Name and/or other nar	mes used:	
Address:		Apt.
City:	State:	Zip:
Date of Birth:	SSN:	Sex: M / F
Telephone: ()	Email Address: _	
Emergency Contact:	Telephon	e: ()
Physical Limitations:		
Organization(s):		
Days & Times Available to Volu	unteer:	
Volunteering Interests:		
Monetary Waiver: I hereby waive all claims compensation basis" for an indefinite period specific services rendered in the VA Volunta benefits to which I am entitled. (Note: VA ha agreement may be canceled by either party tabove. I understand that	 I understand that this waiver applies only t ary Service (VAVS) Program and is not rela as entered into this agreement by the authori 	to remuneration (compensation) for teed to any other VA services or ity of 38 U.S.C., Section 513. This unteer appointment(s) as outlined
(Volunteer's Signature & Date)		
I hereby appoint this applicant as a VA with above individual has been provided basic as located in the VA Voluntary Service Office.	signment orientations which have been docu	rovisions on this application. The imented in the official volunteer folder
VAVS Program Manager - Appointing Office	cial Signature	Date



Statement of Commitment and Understanding For Volunteers

As a volunteer for the Department of Veterans Affairs (VA), I am committed to safeguarding the personal information that veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information which VA employees, applicants, and volunteers have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of veterans and their families, I have completed both the annual General Privacy Awareness Training (or VHA Privacy Training, as applicable) and the annual VA Cyber Security Training. I know that I should contact my local Privacy Officer, Freedom of Information Act Officer, Information Security Officer, or Regional or General Counsel representative when I am unsure whether or how I may gather or create, maintain, use, disclose or dispose of information about veterans and their families, and VA employees and applicants.

I further understand that if I fail to comply with applicable confidentiality statutes and regulations, I may be subject to civil and criminal penalties, including fines and imprisonment. I recognize that VA may also impose administrative sanctions, up to and including removal, for violation of applicable confidentiality and security statutes, regulations and policies.

I certify that I will complete the training outlined above and am committed to safeguarding personal information about veterans and their families, VA employees and applicants, and volunteers.

[Print or type volunteer name]	Volunteer Signature
×	
Volunteer	
Position Title	Date

	PAGE NO.	1 of 1 Pages	TOR PERIOD COVERED	Service	SIGNATURE
	STATION	564 VHSO	NAME OF INSTRUCTOR	Chief, Voluntary Service	
STATE OF THE PARTY	PAINING COIDE PEGGE	I RAINING COORSE RECORD		ecurity Training)	ORGANI: SOCIAL SECURITY#
			TITLE OF COURSE	New Volunteer Orientation (includes HIPAA and Cyber Security Training)	TRAINEES

New Volunteer Orientation (includes HIPAA and Cyber Security Training)	er Security Tra	aining)				Chie	Chief, Voluntary Service	Service		reniso covered	of Check	
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TRAINEES	ORGANI-	,	SOCIAL	SOCIAL SECURITY #	**	7 -				SIGNATURE		
PLEASE PRINT ON LINE 1	ZATIONAL	PRINT FULL SS#	FILT.	#SS			HOURS	RATING	SIG	SIGN YOUR NAME	IAME	
THE COURT OF THE PARTY OF THE P		E	Ī	RE	S	S				ON LINE 1		
1)	135						4				7.36	
I agree I have been trained on the following:												
Welcome; AIS Security, Annual Evaluations and												
Competencies; Cultural Diversity; Emergency									(20,000)			
Preparedness; Generation/Population Specific;												
Gifts & Donations; HIPAA and VHS Privacy Policy;												
Background Check & Fingerprinting; History of								A 2012 F			Control of	
VHSO; Infection Control; JC & Sentinel Events;												. Deali
Miscellaneous Do's and Don'ts; Mission, Vision &												
Core Values; Orientation; Patient Abuse; Reporting												ं
a Fire; Rules & Ethics; Services & Benefits; Sexual												
Harassment; Statement of Commitment; TB Skin												
Test & Flu Shots; Time & Attendance; Utility												
Management; VHSO & CBOC Telephone Numbers;												
VAVS Affiliated Veterans Service Orgs; Violence												
in the Workplace; Volunteer Qualities; Volunteer												
Transportation Network, Wheelchair Procedures										50	3	
*Enter applicable codes: A - Absent, E	E - Excused,	L - Late,		P - Present,		w - Wit	W - Withdrawal.	**Enter applicable codes:		S - Satisfactory,	U - Unsatisfactory.	

VA FORM 3913 (Automated In lieu of)

TUBERCULIN TEST	CHEST	CHEST X-RAY	ANTISMALLPOX	BL00	BLOOD TEST OR COUNT	LABORATORY TESTS	GENERAL PHYSICAL	ОТНЕК
EMPLOYEE'S NAME (Laxt. first, middle initial)	(Last first, middle i	nitial)		ADDR	ADDRESS (Number, Street, City, State, and ZIP code)	, State, and ZIP coxte)		HOME PHONE
SOCIAL SECURITY NO.	NO.		DATE OF BIRTH	SEX.	MARITAL STATUS	POSITION TITLE VOLUNTEER		
DEPARTMENT, SERVICE AND/OR DIVISION VOLUNTARY SERVICE (135)	VICE AND/OR DIV ERVICE (13	<mark>//SiON</mark> 35)		ROOM NO.	EXTENSION 65060	SUPERVISOR'S NAME		SUPERVISOR'S EXTENSION
PHYSICIAN'S NAME (Last. first. middle initial)	(Last. first, middle i	nitial)		PHYS	CIAN'S ADDRESS (Num	PHYSICIAN'S ADDRESS (Number, Sireel, City, Stute and ZIP code)	(á	OFFICE PHONE
DRUG SENSITIVITIES	S.							
DATE	TIME		HISTORY, FINDINGS, DIAGNOSIS, EXAMINATION OR TEST REQUIREI	AGNOSIS, REQUIRED		TREATMENT, HEALTH, GUIDANCE OR EXAMINATION AND TEST RESULTS	ANCE OR ESULTS	EXAMINED OR TREATED BY
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PRIVACY ACT authority for pr Management an employee health	roviding occu d Budget Cir records. Provis	PRIVACY ACT NOTICE: Section 7901 of Title 5, United States authority for providing occupation health services to Federal Management and Budget Circular A-72 provides for the maint employee health records. Provision of this information is voluntary.	le 5, United States vices to Federal les for the maintention is voluntary.	Code, is the basic legal employees. Office of enance and control of		However, the VA needs this employee health program, to emergency at work, and to do Personnel Management.	information to deve assist employees in evelop statistical med	However, the VA needs this information to develop and maintain an efficient employee health program, to assist employees in case they suffer a medical emergency at work, and to develop statistical medical reports for the Office of Personnel Management.
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EMPLOYEE HEALTH RECORD

VA FORM 3831a APR 1993(R)

AdobeFormsDesigner

Human Resources PIV Data Form

This information is used by Human Resources to obtain your fingerprints for background check and to capture photo for Identification Badge.

You MUST use your legal name. Please PRINT clearly.

First Name	Middle Name	Last Name			iden Name & All mes Used)
Date of Birth	Jr., Sr. II, III, IV, V	Social Security	Number	Place of E State)	Birth (City &
Gender (circle one)	Race (circle one)	Weight:	Eyes(c	ircle one)	Hair(circle one)
Male Female	American Indian or Alaskan Native Asian or Pacific Islander Black-non-Hispanic Hispanic White-non- Hispanic	Height:	Black Blue Brown Green Gray Hazel		Black Blonde Brown Gray Red White None
Current Address (No PO Boxes):	Citizenship:				